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CONFIRMATION NO. 7611

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|---|---|-----------------------------------|---|---|
| SERIAL NUMBER 10/743,669 | FILING OR 371(c) DATE 12/22/2003 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. MIT-214-CON |
| APPLICANTS Steven M. Bowman, Sherborn, MA; | | | | |
| ** CONTINUING DATA ***** This application is a CON of 10/056,534 01/24/2002 ABN which is a CIP of 09/535,183 03/27/2000 PAT 6,497,707 and is a CIP of 09/360,367 07/23/1999 PAT 6,179,840 <i>YES Pth.</i> | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none Pth.</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/03/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i> | | STATE OR COUNTRY MA | SHEETS DRAWING 28 | TOTAL CLAIMS 7 |
| INDEPENDENT CLAIMS 1 | | | | |
| ADDRESS 000027777 | | | | |
| TITLE Graft fixation device combination | | | | |
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |